

2/18/2011

DBHDID Home Modification Reimbursement Request Form

Individual _____

Date _____

Address _____
(Location Moving To)

City/Town _____
(Location Moving To)

<u>Agency:</u>	<u>Provider #</u>	<u>Individual Transitioning</u>	<u>Home Address</u> (where modification is being done)	<u>Description</u> (brief describe modification to home)	<u>Cost</u> (lowest of three bids)
TOTAL COST ESTIMATE					0

Executive Director Signature: _____ Date _____

INSTRUCTIONS:

Submit to DDID Attention: Cathy Lerza at 100 Fair Oaks Lane 4 W-C, Frankfort, KY 40621 (502)564-7702

Submit 3 written estimates. The estimates must include description of modification, date, contact information (contractor) and signed by the contractor.

Reimbursement limited to a total of \$1000.00 per person

Be provided in accordance with applicable state and local building codes

Must be necessary to enable the person to function with greater independence in their home

Must not include vehicle modifications

Must not be expansion of total square footage of the home.

Shall be approved by the Facility transition team and included in the individual plan